



## QUEEN OF HEAVEN CATHOLIC SCHOOL ENROLLMENT AND FINANCIAL CONTRACT 2019 - 2020 ACADEMIC YEAR

Parents/Guardians please sign this agreement and return it to the school office along with the appropriate forms. A copy will be given to you upon acceptance of Enrollment by Queen of Heaven Catholic School, the undersigned agrees to pay the required annual charges as described below:

**REGISTRATION FEE:** 1<sup>st</sup> and 2<sup>nd</sup> Student: \$250 per student  
3 + Student: No Registration Fee

**TUITION: Will remain at the 2018-2019 level for all returning and new families who register by April 30<sup>th</sup>.**

1 <sup>st</sup> Student:	\$ 4,900.00
2 <sup>nd</sup> Student:	\$ 4,420.00
3 <sup>rd</sup> Student:	\$ 3,935.00
4 +:	Free

**Registering after April 30, 2019 Families will pay a tuition rate of 5% above the 2018-2019 rate.**

1 <sup>st</sup> Student:	\$ 5,145.00
2 <sup>nd</sup> Student:	\$ 4,640.00
3 <sup>rd</sup> Student:	\$ 4,130.00
4 +:	Free

I understand that my obligation to pay the charges for the full academic year is unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled notwithstanding the subsequent absence, withdrawal, or dismissal of the above student(s) from the school. \_\_\_\_\_(Initials)

I understand that I must complete pertinent FACTS information for each child enrolled. I understand that the premium cost will be billed to me on the annual statement and is payable in 9 or 10 monthly installments from July 2019 to April 2020. \_\_\_\_\_(Initials)

My participation in the FACTS Program will not relieve me of my unconditional obligation to pay all charges for the full academic year, regardless of any subsequent absence, withdrawal or dismissal of the student from the school. \_\_\_\_\_(Initials)

I understand that I will be responsible for raffle tickets at \$250.00 PER CHILD for Fund Raising for the school's designated Fund Raiser. Fund Raising fees may be added to the tuition account on FACTS. \_\_\_\_\_(Initials)

I understand that participation in the Tuition Refund Plan is required unless the full annual charges are paid by the opening of school, in which case the plan is elective. \_\_\_\_\_(Initials)

I understand that if my parish denies my parish subsidy it is my obligation to pay the \$500.00 per child subsidy amount in addition to tuition. The Parish Subsidy fee may be added to my tuition account on FACTS by December 1, 2019. \_\_\_\_\_(Initials) We will request the parish subsidy on your behalf FROM THE INFORMATION YOU PROVIDE ON THE PARISH SUBSIDY FORM.

I understand that in signing this Enrollment Agreement for the 2019-2020 academic year, I am agreeing to accept the rules and regulations of Queen of Heaven Catholic School as stated in the Parent/Student Handbook for the year for which tuition is being paid and as referred to above. Furthermore, I agree to the policy of the school that no student will be permitted to take examinations or that no grades and transcripts will be released unless the student's account has been paid in full. \_\_\_\_\_(Initials)

It is further agreed that enrollment, as specified within this Enrollment Agreement, WILL BE CANCELLED, without penalty (except forfeit of the Registration Deposit) IF 2018-2019 TUITION IS NOT PAID IN FULL OR A FACTS ACCOUNT IS NOT SET UP ONLINE BY JUNE 1, 2019. \_\_\_\_\_(Initials)

## Registering by April 30, 2019 Families will pay

NUMBER OF CHILDREN REGISTERING/REENROLLING: \_\_\_\_\_ AMOUNT DUE: \_\_\_\_\_ \$250 per student (1<sup>st</sup> and 2<sup>nd</sup> only)

STUDENT(S) NAME: \_\_\_\_\_ GRADE 2019-2020: \_\_\_\_\_ Tuition Amount \$4,900 \_\_\_\_\_  
(Initials)

\_\_\_\_\_ GRADE 2019-2020: \_\_\_\_\_ Tuition Amount \$4,420 \_\_\_\_\_  
(Initials)

\_\_\_\_\_ GRADE 2019-2020: \_\_\_\_\_ Tuition Amount \$3,935 \_\_\_\_\_  
(Initials)

SIGNATURE OF PARENT(S)/GUARDIAN(S) WHO IS/ARE FINANCIALLY RESPONSIBLE: (Both parents/guardians must sign if each is individually responsible for a portion of registration, tuition and/or fees).

NAME (PRINT): \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**THIS APPLICATION IS HEREBY ACCEPTED BY QUEEN OF HEAVEN CATHOLIC SCHOOL.**

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CHECK: \_\_\_\_\_ TUITION CODE: \_\_\_\_\_

## Registering after April 30, 2019 Families will pay a tuition rate of 5% above the 2018-2019 rate.

NUMBER OF CHILDREN REGISTERING \_\_\_\_\_ AMOUNT DUE: \_\_\_\_\_ \$250 per student (1<sup>st</sup> and 2<sup>nd</sup> only)

STUDENT(S) NAME: \_\_\_\_\_ GRADE 2019-2020: \_\_\_\_\_ Tuition Amount \$5,145 \_\_\_\_\_  
(Initials)

\_\_\_\_\_ GRADE 2019-2020: \_\_\_\_\_ Tuition Amount \$4,640 \_\_\_\_\_  
(Initials)

\_\_\_\_\_ GRADE 2019-2020: \_\_\_\_\_ Tuition Amount \$4,130 \_\_\_\_\_  
(Initials)

SIGNATURE OF PARENT(S)/GUARDIAN(S) WHO IS/ARE FINANCIALLY RESPONSIBLE: (Both parents/guardians must sign if each is individually responsible for a portion of registration, tuition and/or fees).

NAME (PRINT): \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**THIS APPLICATION IS HEREBY ACCEPTED BY QUEEN OF HEAVEN CATHOLIC SCHOOL.**

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CHECK: \_\_\_\_\_ TUITION CODE: \_\_\_\_\_